

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Am</i>	<i>67014</i>	<i>11/8/10</i>
O.I.P.E. CLASSIFIER	<i>22</i>	<i>32</i>	<i>11/11/10</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>68018</i>	<i>12/8/10</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/13/10
2	✓	✓	11/13/10
3	✓	✓	11/13/10
4	✓	✓	11/13/10
5	✓	✓	11/13/10
6	✓	✓	11/13/10
7	✓	✓	11/13/10
8	✓	✓	11/13/10
9	✓	✓	11/13/10
10	✓	✓	11/13/10
11	✓	✓	11/13/10
12	✓	✓	11/13/10
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14	✓	✓	11/13/10
15	✓	✓	11/13/10
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28	✓	✓	11/13/10
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48	✓	✓	11/13/10
49	✓	✓	11/13/10
50	✓	✓	11/13/10

Claim	Final	Original	Date
51	✓	✓	11/13/10
52	✓	✓	11/13/10
53	✓	✓	11/13/10
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99	✓	✓	11/13/10
100	✓	✓	11/13/10

Claim	Final	Original	Date
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102	✓	✓	11/13/10
103	✓	✓	11/13/10
104	✓	✓	11/13/10
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145	✓	✓	11/13/10
146	✓	✓	11/13/10
147	✓	✓	11/13/10
148	✓	✓	11/13/10
149	✓	✓	11/13/10
150	✓	✓	11/13/10

If more than 150 claims or 10 actions  
staple additional sheet here

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